

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

**(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
10/586/86

**FILING DATE**

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		2				
3			1			
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			19			
TOTAL CLAIMS			20			